

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee COMMITTEE TO ELECT BARRY LAICHE FOR DIS JUDGE 237 S. Washington St. Marksville, LA 71351 Check If: New Committee _____	2. Date of this Statement <div style="text-align: center;">1/22/2015</div> 3. Estimated Membership <div style="text-align: center;">12</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 46552 Date Filed: 1/22/2015									
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>MICHELLE LAICHE</td> <td>Chairperson</td> <td>237 S. Washington St. Marksville, LA 71351</td> </tr> <tr> <td></td> <td>Treasurer</td> <td></td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	MICHELLE LAICHE	Chairperson	237 S. Washington St. Marksville, LA 71351		Treasurer	
<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>									
MICHELLE LAICHE	Chairperson	237 S. Washington St. Marksville, LA 71351									
	Treasurer										
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input checked="" type="checkbox"/> Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee											
b. Name of Candidate BARRY LAICHE	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report BURLAND & ASSOCIATES INC. b. Daytime Telephone 225-767-7163											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>22nd</u> day of <u>January</u> , <u>2015</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>MICHELLE LAICHE</u> Signature of Committee/Chairperson </td> <td style="width: 50%; vertical-align: top;"> <u>318-253-4435</u> Daytime Telephone </td> </tr> <tr> <td style="vertical-align: top;"> _____ Signature of Committee Treasurer, if any </td> <td style="vertical-align: top;"> _____ Daytime Telephone </td> </tr> </table>			<u>MICHELLE LAICHE</u> Signature of Committee/Chairperson	<u>318-253-4435</u> Daytime Telephone	_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone					
<u>MICHELLE LAICHE</u> Signature of Committee/Chairperson	<u>318-253-4435</u> Daytime Telephone										
_____ Signature of Committee Treasurer, if any	_____ Daytime Telephone										

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

CAPITAL ONE BANK

b. Address

3607 Jackson St.
Alexandria, LA 71303